PTO/SB/22 (08-03)

Approved for use through 7/31/2008 OMB 0651-0031

U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1895, no	persons are required to re	spond to a conection of	Docket No.	(Optional)
PETITION FOR EXTENSION OF				PPI-064
			ayward, et al.	
	in re Application		Filed	
	09/781133-Conf. #1688			February 9, 2001
	For DRUG	OS FOR ENHAN	ICING THE BIOA	VAILABILITY OF A
l .	Art Unit	1654	Examiner	Jeffrey E. Russel
This is a request under the provision identified application.  The requested extension and appropriate the requested extension and approximate the requested extension				
One month (37 CFR 1 1			\$	
Two months (37 CFR 1.			. 2	
Three months (37 CFR			3	950.00
Four months (37 CFR 1.17(a)(4))			_ 5	
Five months (37 CFR 1.17(a)(5))			_	
Applicant claims small entity	status See 37 CF	R 1.27. Therefo	re, the fee amou	nt shown above is
reduced by one-half, and the	resulting fee is: \$	475.00	·	
A check in the amount of the				
Payment by credit card. For	m PTO-2038 is atte	iched.		
The Director has already bee				
The Director is hereby autho	rized to charge any	fees which may	be required, or	credit any
overpayment, to Deposit Acc		12-0080		
I have enclosed a duplicate				
I am the applicant/invent assignee of reconstructions.	ord of the entire into inder 37 CFR 3 73(	erest. See 37 Cl b) is enclosed	FR 3.71. (Form PTO/SB/9	6).
attorney or age	nt of record. Regis	tration Number		
x attorney or age	nt under 37 CFR 1.	34(a).	1 1	, .
Registration du	mber if acting under 3	17 CFR 1.34(a)	MAN	1Dtule
October 3, 2003			Sign	21:159
				alme
(617) 227-7400			Varia Laccotripe	Zacharakis, Ph.D.
(617) 227-7400 Telephone Number			Typed or p	Zacharakis, Ph.D. rinted name
Telephone Number	ssignees of record of the el		Typed or p	Zacharakis, Ph.D. rinted name
Telephone Number  NOTE: Signatures of all the inventors or as than one signature is required, see below		wile rutelest of their le	Typed or p	Zacharakis, Ph.D. rinted name
Telephone Number	sagnees of record of the el	wile rutelest of their le	Typed or p	Zacharakis, Ph.D. rinted name
Telephone Number  NOTE: Signatures of all the inventors or as than one signature is required, see below	forms are submi	naure unterest or their re	Typed or p presemative(s) are requ	Zacharakis, Ph.D. rinted name ured, Submit multiple forms if more
Telephone Number  NOTE: Signatures of all the inventors or as than one signature is required, see below.  Total of 1  Thereby certify that this correspondence	forms are submi	naure unterest or their re	Typed or p presemative(s) are requ	Zacharakis, Ph.D. rinted name
Telephone Number  NOTE: Signatures of all the inventors or as than one signature is required, see below  Total of 1	forms are submi	naure unterest or their re	Typed or prosemative(s) are required to the requirement of the require	Zacharakis, Ph.D. Innted name ured, Submit multiple forms if more